PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |   |   |                                      |   |                  |   | Application or Docket Number<br>10/671,741 |   |    | ing Date<br>29/2003   | To be Mailed           |
|---|---|---|--------------------------------------|---|------------------|---|--|---|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)   |   |   |                                      |   |                  |   | SMALL ENTITY                               |   |    |                       | HER THAN               |
| Н   | FOR   |   | NUMBER FILED                         |   | NUMBER EXTRA     |   | RATE (\$)                                  | FEE (\$)                                | OR | RATE (\$)             | FEE (\$)               |
|   | BASIC FEE<br>(37 CFR 1.16(a), (b),  | _   | N/A                                  |   | N/A              |   | N/A  | (+)                                     | 1  | N/A                   | (4)                    |
|   | SEARCH FEE  |   | N/A                                  |   | N/A              |   | N/A  |   | 1  | N/A                   |                        |
|   | (37 CFR 1.16(k), (j), o<br>EXAMINATION FE<br>(37 CFR 1.16(o), (p), o      | E   | N/A                                  |   | N/A              |   | N/A  |   | 1  | N/A                   |                        |
|   | FAL CLAIMS<br>CFR 1.16(i))  | G( (q))                                   | minus 20 =                           |   |                  |   | x \$ =                                     |   | OR | x s =                 |                        |
| IND   | EPENDENT CLAIM<br>CFR 1.16(h))  | s   | minus 3 = *                          |   |                  | ı | x \$ =                                     |   | 1  | x \$ =                |                        |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))                                      | FEE shee is \$2 addit                     | ts of pap<br>50 (\$125<br>ional 50 : | gs exceed 100<br>n size fee due<br>for each<br>n thereof. See<br>CFR 1.16(s). |                  |   |  |   |    |                       |                        |
|   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |   |                                      |   |                  |   |  |   | 1  |                       |                        |
| * If  | * If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                      |   |                  |   |  |   | 1  | TOTAL                 |                        |
|   | APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)        |   |                                      |   |                  |   |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |    |                       |                        |
| AMENDMENT   | 04/05/2010  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                   | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|   | Total (37 CFR<br>1.18()))   | * 8                                       | Minus                                | ·· 41   | = 0              |   | x \$ =                                     |   | OR | X \$52=               | 0                      |
|   | Independent<br>(37 CFR 1,16(h))   | • 4                                       | Minus                                | ···12   | = 0              |   | x \$ =                                     |   | OR | X \$220=              | 0                      |
| Ž   | Application Size Fee (37 CFR 1.16(s))                                     |   |                                      |   |                  |   |  |   |    |                       |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))           |   |                                      |   |                  |   |  |   | OR |                       |                        |
|   |   |   |                                      |   |                  |   | TOTAL<br>ADD'L<br>FEE                      |   | OR | TOTAL<br>ADD'L<br>FEE | 0                      |
| (Column 1) (Column 2) (Column 3)  |   |   |                                      |   |                  |   |  |   |    |                       |                        |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                   | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|   | Total (37 CFR<br>1,16())  |   | Minus                                | ••  |                  | l | x \$ =                                     |   | OR | x \$ =                |                        |
| N O   | Independent<br>(37 CFR 1.16(h))   | •   | Minus                                | ***   |                  |   | x \$ =                                     |   | OR | x s =                 |                        |
| 핆   | Application Size Fee (37 CFR 1.16(s))                                     |   |                                      |   |                  |   |  |   | ]  |                       |                        |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))           |   |                                      |   |                  | Ī |  |   | OR |                       |                        |
| Γ   |   |   |                                      |   |                  |   |  |   | OR | TOTAL<br>ADD'L<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. |   |   |                                      |   |                  |   |  |   |    |                       |                        |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS